Entered - 01/24/01 - sb CL01L0063 - DIANNE C. MITCHELL

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01-2-1056

CLAIM OF: MRS. SAMMIE FARLEY
2335 Leila Lane, SE
Atlanta, Georgia 30315

For damages alleged to have been sustained as a result of a sewer back up on January 1, 2001 at 2335 Leila Lane, SE.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

**DEPUTY CITY ATTORNEY** 

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>01L0063</u>	Date:June 27, 2001
Claimant / Victim MRS. SAMMIE FARLEY	
BY: (Atty)(Ins. Co.)	
BY: (Atty)(Ins. Co.)  Address:  2335 Leila Lane, SE, Atlanta, General Characteristics  Claim 6 Product of the P	Georgia 30315
Subrogation: Claim for Property damage \$	1,284.86 Bodily Injury \$
Date of Notice: 01/22/01 Method: Writt	en proper Y Improper
Conforms to Notice: O.C.G.A. 836-33-5	en, proper X Improper  Ante Litem (6 Mo.) X
Date of Occurrence 01/01/01 Place:	2335 Leila Lane SE
Department Public Works	2335 Leila Lane, SE Division: Sewer Operations
Employee involved	Disciplinary Action:
	Disciplinary Metion.
NATURE OF CLAIM: The claimant alleges that her	property was damaged due to a sewer back up. The
investigation determined that the City had no notice of a	ny problems with the sewer mainline prior to the incident
involving the claimant. The City is immune from liability	ty as set forth in O.C.G. A. 836-33-1
myorying the olamant. The City is infinite from maoni-	ty as set form in O.C.G.A.§30-33-1.
INVESTIGATION:	
Statements: City employee Claimant	Others Oral
Pictures Diagrams Reports: Police	Dept Report X Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial Other X Damages reasonable Compromise settlement
Improper Notice More than Six Months	Other X Damages reasonable
City not involved Offer rejected	dCompromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned
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	Respectfully submitted,
	$\rightarrow$
	Mun Cluthal
·	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:	
	count charged: 1A012J012H01
Claims Manager: Musicul Curtiful	Concur/date No 2701
Committee Action:	_Council Action
FORM 23-61	

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t	•			Mitche	ll
•		•		01/27	In
COUNCIL OF THE C		TO B TO		RE: CLAIM FOR DAMAGE	5 ( <b>)</b>
MUNICIPAL CLERK City Hall				Today 2 D . / //.	7/17
55 Trinity Avenue, S.W		OUUT .		Today's Date: $\sqrt{-/(e-o)}$	<u> </u>
Atlanta, Georgia 30335	JAN L L	ZUUI	01-22-01411.	ENTERED - 1-24-( 22 RCV) 01L0063 - DIANNI	
Dear Municipal Clerk:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or LE OTATI.	12 RUVU	
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This is to notify the City and/or \$	of Atlanta that I have	suffered damag	ges in the amount sum	ofs	proper
12/3/100	bodily injur	A rot mutcu i co	ontend the City is liable.	M. I iso ellening	1
1. Date of incident:	= 199	2. Ti	me of Incident: 1 , 00	3. Police called:	
	(month/day/ year)	<i>/</i> 1	$\sim$ $\sim$ $\sim$	Ye	No No
4. Location of incident	including street Addre	ss): <u>434</u>	55 Keila	An. S.L	
5. Name of your insurar	,	- H 7	- alam	Policy No. 7359 -	PILE!
3. Ivanic of your insurar	ice company.	(i) at	300000	Policy No. (135) 7	0 404-0
6. State what and how is	ncident occurred:	v aces	Donen 7	low that	
West 0	nen the	Louse	except	on One Asos	
			1 0	o by y war.	
			•		
	must make the clain	n for vehicle da	mages, complete the fol	MINAL PROSECUTION!	s of repair and
Your vehicle:					
	fake)	(Year)	(Tag Number)	(Driver's Name)	
Circumbiator			(**************************************	(Dilver 5 Haine)	
City vehicle:(N	lake)	(City Driver'	s Name)	(Denother + 10)	
,	,	(3.0) 2	o i valino,	(Department/Bureau)	
9. Witness:	ame)	(Address)			
	•	, ,		(Telephone Number)	
<ol> <li>The acknowledgment State law, nor is it an a</li> </ol>	of this claim in no dmission of liability o	o way waives on behalf of the	the Sovereign immus City of Atlanta and/or it	nity of the City of Atlanta, as ts employee(s).	granted by
11. This claim should be	mailed immediately (	to the address s	shown above	$\mathcal{A}$	
I HEREBY SWEAR O			$\sim 11$	$\Omega$ $\Omega$ $\Omega$	
INFORMATION IS TO	R AFFIRM THAT T	HE ABOVE	$\mathcal{O}HI$	カルロ・ナルド	L411
	R AFFIRM THAT TI		<u>OHI</u>	(Print Claimant's Name)	Luy
			237	(Print Claimant's Name)	Ley
Signature of Claimant			233	35-Derla Ln.	Ley 5 E
			233 A+1	35-derla don- (Address) AXTA Va-	Ley 5 <u>L</u> 3/3/5
			233 A+1	(City, State and Zip Code)	Ley 5 E 3/3/5
Signature of Claimant			Work Numb	(Address) A X + A Ca - 3 (City, State and Zip Code)  404 622 - 30	Ley 5 <u>E</u> 30315 65